

JC20 Rec'd PCT/PTO 11 OCT 2005

APPLICATION DATA SHEET

37 CFR §1.76

APPLICATION INFORMATION

Application number::
Filing Date::
Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of copies of CDs::
Sequence submission?::
Computer Readable Form
(CRF)?:: No
Number of copies of CRF::
Title:: PACHYMETER
Attorney Docket Number:: S730 0005
Request for Early Publication?::
Request for Non-Publication?:: No
Suggested Drawing Figure:: 2
Total Drawing Sheets:: 4
Small Entity?:: No
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appln.?:: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Scott
Middle Name::
Family Name:: Phillips
Name Suffix::
City of Residence:: Victoria
State or Province of
Residence:: BC
Street of mailing address:: 2050 Lorne Terrace
City of mailing address:: Victoria
State or Province of
mailing address:: BC
Country of mailing
address:: Canada
Postal or Zip Code of
mailing address:: V8S 2H8

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Bjarne
Middle Name::
Family Name:: Hansen
Name Suffix::
City of Residence:: Victoria
State or Province of
Residence:: BC
Street of mailing address:: 1000 De Costa Place
City of mailing address:: Victoria

State or Province of
mailing address:: BC
Country of mailing
address:: Canada
Postal or Zip Code of
mailing address:: V8T 5H8

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Timothy
Middle Name::
Family Name:: Ehrecke
Name Suffix::
City of Residence:: Bettendorf
State or Province of
Residence:: IA
Street of mailing address:: 4413 Winston Place
City of mailing address:: Bettendorf
State or Province of
mailing address:: IA
Country of mailing
address:: US
Postal or Zip Code of
mailing address:: 52722-7202

CORRESPONDENCE INFORMATION

Correspondence Customer
Number::
Phone Number::
Fax Number::
Email address::

REPRESENTATIVE INFORMATION

Representative Customer Number::	
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DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	An application claiming the benefit under 35 USC 119(e)	60/461833	11 April 2003
This application	National stage of	PCT/CA2004/000537	8 April 2004

FOREIGN PRIORITY INFORMATION

Country::	Application number::	Filing Date::	Priority Claimed::

ASSIGNEE INFORMATION

Assignee name:: Portable Ophthalmic Devices, Inc.
Street of mailing address:: 4374 State Street, Unit 1A

City of mailing address::	Bettendorf
State or Province of mailing address::	IA
Country of mailing address::	US
Postal or Zip Code of mailing address::	52722